U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Rec't MG122MG E READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number U - 5797	2. Fiscal Year Covered From:
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name RICHARD M SPALDING	Name SHEET METAL WONKER LOCAL 110
	Labor Organization File Number 002417
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8133 RED STONE HILL	Street 7711 BEVLAH CHURCH RD.
City LOUISVILLE	City COUISVILLE
State KY 40214 ZIP Code + 4 4613	State Ky 40228 ZIP Code + 4 1738
5. Position in labor organization. TRUSTEE	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name]
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	7.b. Amount
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Mahan III. I paka Lik	on 8-10-05 502-367-9634

Name of Person Filing RICHAND M SOALDING	file Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PROVIDES HEALTH INSURANCE FOR LOCAL 110 MEMBERS.	
Street	11 b. Approximate dollar value of such dealing.	
Oib.		
State ZIP Code + 4	12.a. Nature of interest held or income received. HUMANA/LABON GOLF ONTING LOUISVILLE, KY	
	12.b. Amount. # 40.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value. 14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
10.5. 10 tile business an Employer or consultant !		

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Signature

Date